

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 19 1943 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 253

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT
FULL NAME

Lena Dumez

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex Female 5. Color or race W.
6. (a) Single, widowed, married. Divorced
6. (b) Name of husband or wife. Emil Dumez
6. (c) Age of husband or wife if
alive Dec years
7. Birth date of deceased. Jan 16 - 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 11 25 hr. min.

9. Birthplace. France
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business _____

12. Name. Louis Hle Laby

13. Birthplace. France
(City, town, or county) (State or foreign country)

14. Maiden name. Marie Hle Won

15. Birthplace. France
(City, town, or county) (State or foreign country)

16. (a) Informant. Park Lane Hosp

(b) Address. 4930 Linder St

17. (a) Burial (b) Date thereof 1-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Bellevue, Ill

18. (a) Signature of funeral director. Robert H. B.

(b) Address. 3710 N. Grand Bl

19. (a) JAN 11 1943 (b) J. Z. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Ill (b) County. McCook
(c) City or town. Wilshire
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10th
year 1943 hour 5:05 minute P. M.

21. I hereby certify that I attended the deceased from
Dec 26, 1942 to Jan 10, 1943
that I last saw her alive on Jan 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Paralytic Ileus Duration 4 days

Due to Acute peritonitis 4 days

Due to Carcinoma of Sigmoid Colon 8 mos

Other conditions. None
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Sigmoid

Of operations. Paralytic Ileus, Intestine

Of autopsy. Paraneoplastic degeneration liver & kidneys

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature. James D. Kelly (M. D. or other) md

Address. 3903 Olive Street Date signed 1/11/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.
working under my personal supervision.

Signed

A. A. Smithers

Licensed Embalmer No.

3916

P. O. Address

3710 N. Grand Bl.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.